



APPLICATION TO LEASE STATE LAND

In accordance with Idaho Code 58-307, as amended, applications to obtain a lease which is expiring must be postmarked or received in an office of the Department of Lands on or before **April 30** of the year the lease expires.

New Lease # _____ Application Fee: _____
Renewal of Lease # _____ Expiration Date: _____
(If Applicable) (If Applicable)

APPLICANT DATA This data will be used as the "Lessee of Record" information. All documents and must contain the full legal name of the Applicant or the recognized official name of any business as filed with the Idaho Secretary of State. Attach supporting documentation.

Name or Business Name:	Owner(s) Names:
Contact Name:	Position or Title: (If applicable)
Street Address:	E-mail/Website Address(es):
PO Box:	City:
State:	Zip _____ - _____
Work Phone: ()	Home Phone: ()
Cell / Mobile: ()	Fax: ()

Use: If our record of your use differs, please write it in under Notes/Special Provisions"

Description of Property:

Twp	Rge	Section	Subdivision	County	Acres	Fund
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NOTES/SPECIAL PROVISIONS: (If additional space is needed, attach a separate page and reference here.)

I hereby certify that I am the Current Lessee of Record, Applicant or the Authorized Representative of the Current Lessee of Record or Applicant, and that the information contained in this application is true and correct to the best of my knowledge, and acknowledge that falsification of any information contained herein, or provided herewith, may be grounds for lease termination or non-issuance of a lease.

Signed by _____

Dated _____

Print Name _____

Title (If Applicable) _____

Bureau Use Only:

Original Application Received ☐
Fee Paid ☐
Checklist Initiated ☐

Area Use Only – Following Items Sent To Bureau (Electronically):

Full Legal Description ☐
Improvements List ☐
Map (jpeg or pdf) ☐
Length (Term) of Lease ☐
Bond Amount(s) ☐
Special Considerations ☐

Rent and Adjustments ☐
Insurance ☐
Verified Subusers (if applic.) ☐
Area Rep. Initials _____